

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 107088269 FILING DATE 16 SEP 2004  
APPLICANT(S) *Fallionume*

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.			39			
TOTAL CLAIMS			90			

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TOTAL IND.		3		
TOTAL DEP.		7		
TOTAL CLAIMS		39		36